



Adenovirus Vaccine Restoration A Clinical Perspective

**Presentation to
Armed Forces Epidemiological Board**

**Wellington Sun, MD
COL, MC USA
Chief, Dept of Virus Diseases
Walter Reed Army Institute of Research**

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Outline

- Vaccine Development 2005
- Adenovirus Vaccine Phase 1 Trial
- Wyeth Vaccine Experience
- Future Clinical Development: Points to Consider



Stages of Review and Regulation



Clinical Investigational Plan

IND

Phase 1
Safety
Immuno-
genicity

Phase 2
Immuno-
genicity
Safety
Dose
Ranging

Establishment of Manufacturing
and Testing Controls, Specifications

Phase 3
Efficacy
Safety
Immuno-
genicity

BLA

Data to
support
approval;
Inspection

Phase 4

Inspection
Safety
Efficacy
Lot
Release

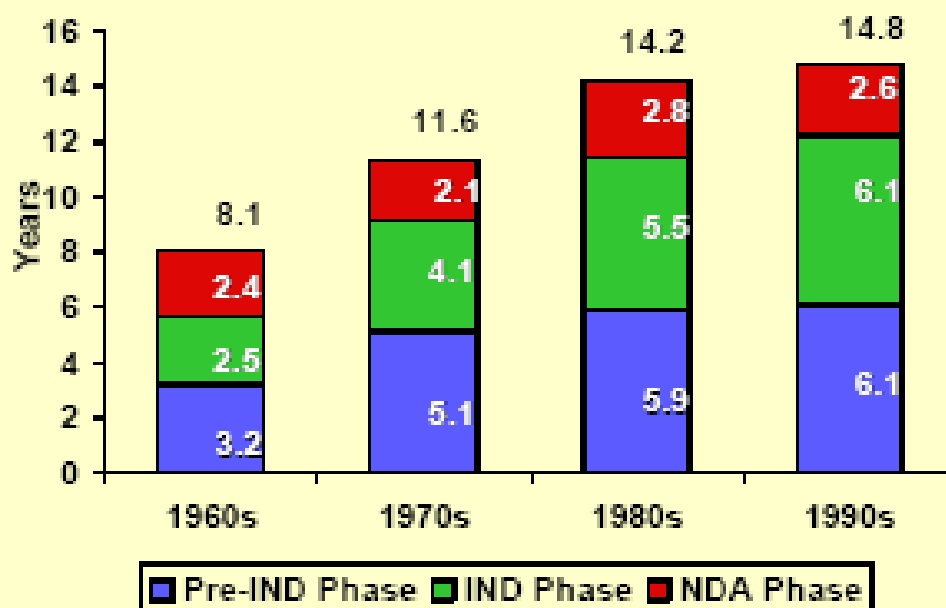
BLA Supplement

(BLA Suppl)
Post-approval
Changes:
New Indications
Dosing
Manufacture
Equip./Facilities

IND =Investigational New Drug Application;
BLA=Biologics License Application



R&D Cycle Times are Increasing



Source: Joseph A. DiMasi, "New Drug Development: Cost, Risk, and Complexity,"
Drug Information Journal, May 1995. (From R&D Directions, 1995)

Development times for vaccines are the same or longer



From Dr. Jill G Hackell
AVP Scientific Affairs and Res Strategy



Clinical Development Status



A Phase 1, Randomized, Double-Blind, Placebo Controlled Study to Evaluate The Safety And Immunogenicity Of The Live, Oral Type-4 and Type-7 Adenovirus Vaccines

Walter Reed Army Institute of Research PI: Dr. Arthur Lyons
Brooke Army Medical Center PI: Dr. Jenice Longfield
AMEDD Center and School
Walter Reed Army Medical Center
Naval Health Research Center
U.S. Army Medical Materiel Development Activity
Duramed Research, Inc (Barr Laboratories)



Phase 1 Study Objectives



Primary:

1. Evaluation of the safety of the Barr type 4 and type 7 oral adenovirus vaccines administered together.

Secondary:

1. Serotype 4 and 7 neutralizing antibody seroconversion and titer
2. Duration of vaccine virus shedding in the stool and throat secretions in vaccine recipients.



Rationale



- Military subjects to simulate BT
- Minimize potential secondary spread of vaccine virus
- Low likelihood of active Adv 4 or 7 circulation*
- Relative ease in recruitment



Pre-Phase 1 Seroprevalence Study



Objective:

Serotype 4 and type 7 seroprevalence among 91W's

Results:

99 91W blood donors tested

Adv 4 (+) Adv 7 (+)	69%
Adv 4 (-) Adv 7 (+)	9%
Adv 4 (+) Adv 7 (-)	20%
Adv 4 (-) Adv 7 (-)	2%

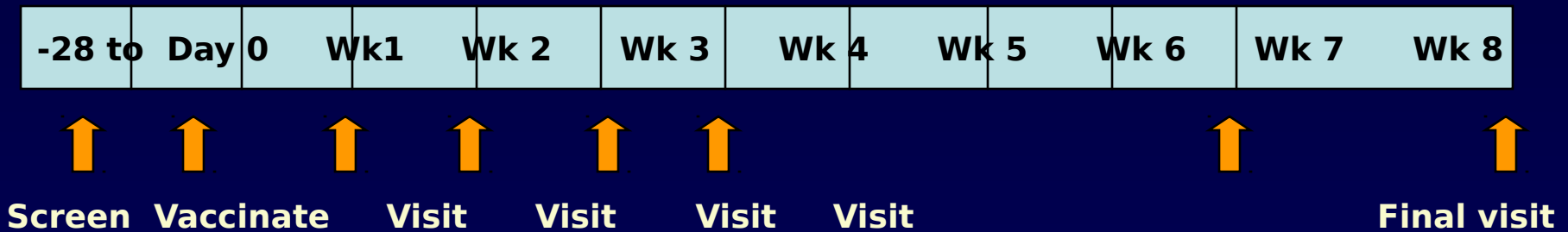
Adv 4 seropositive	89%
Adv 7 seropositive	78%



Study Design



Diary



Serology: Screen, Day 0, Wks 1,2,4,8

Throat: Day 0, Wks 1,2,3,4,8

Stool or rectal swab: Day 0, Wks 1,2,3,4,8

Viremia: Day 0, Wks 1,2,4,8

All febrile ARD worked up



Inclusion/Exclusion n



- Healthy 18-40 yo
- Informed Consent
- If female, not pregnant or nursing
- Seronegative to at least one serotype (4 or 7)
- No prior enlisted military service before 1998
- No hx of major medical illnesses
- No acute illness or abnormal physical exam
- No HIV, active Hep B, C
- No other vaccinations within 30 days prior to Day 0



Subject population



407 91W antibody screened

Adv 4 (+)	Adv 7 (+)	68%
Adv 4 (-)	Adv 7 (+)	14%
Adv 4 (+)	Adv 7 (-)	14%
Adv 4 (-)	Adv 7 (-)	4%

Adv 4 seropositive	82%
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Adv 7 seropositive	82%
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Adenovirus 4 and 7 Seroprevalence



	No. Subject s	Adv 4(+)	Adv 7(+)
Pre-induction* 1998	303	34%	27%
Post-BT** 1964	120	25%	-
Post-BT 2004	407	82%	82%

*Ludwig, et al JID 1998;178:1776-8

**Forsyth, et al Am J Hyg 1964;80:343-55



Subject population



- 58 seronegative volunteers enrolled
(14%)

Adv 4 (+)	Adv 7 (+)	0%	22%
Adv 4 (-)	Adv 7 (+)	47%	24%
Adv 4 (+)	Adv 7 (-)	43%	41%
Adv 4 (-)	Adv 7 (-)	10%	12%

Adv 4 seropositive	43%	63%
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Adv 7 seropositive	47%	46%
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- 30 vaccinated, 28 received placebo
- 54 volunteers completed study
 - 4 dropped out (not vaccine related)



Results: Safety



Adverse Events	Vaccine* (N=30)	Placebo (N=28)
Nasal Congestion	10 (33.3%)	16 (57.1%)
Cough	10 (33.3%)	10 (35.7%)
Sore throat	8 (26.7%)	8 (28.6%)
Headache	6 (20.0%)	6 (21.4%)
Fever	2 (6.7%)	6 (21.4%)
Arthralgia	4 (13.3%)	0 (0.0%)
Nausea	4 (13.3%)	6 (21.4%)
Rhinorrhea	1 (3.3%)	3 (10.7%)
Wheezing	1 (3.3%)	3 (10.7%)
Pneumonia	1 (3.3%)	3 (10.7%)
Sinusitis	3 (10.0%)	2 (7.1%)
Abdominal pain	5 (16.7%)	1 (3.6%)
Diarrhea	4 (13.3%)	2 (7.1%)

* None differ significantly from placebo



SAE's



Day 0-56 Hospitalizations

- 2 pneumonias (one vaccine, one placebo)
- 1 ARD (placebo)

Day 180 Hospitalizations

- “appendicitis” (vaccine)
- MRSA thigh abscess (placebo)



Results: Virus Shedding



Table 9.1. Adenovirus Isolation from Fecal Specimen by Treatment Group and Pre-immunization Antibody Status Over Time – All Treated Subjects

	VACCINE			PLACEBO		
Type 4	Antibody (-)	Antibody (+)	Total	Antibody (-)	Antibody (+)	Total
Stool Virus	(+) / N	(+) / N	(+) / N	(+) / N	(+) / N	(+) / N
Day 0	0 / 11	0 / 19	0 / 30	0 / 10	0 / 18	0 / 28
Day 7	7 / 11	0 / 18	7 / 29	1 / 10	0 / 17	1 / 27
Day 14	6 / 11	0 / 18	6 / 29	1 / 9	0 / 17	1 / 26
Day 21	1 / 11	0 / 18	1 / 29	0 / 9	0 / 17	0 / 26
Day 28	0 / 11	0 / 18	0 / 29	0 / 9	0 / 16	0 / 25
Day 56	0 / 11	0 / 18	0 / 29	0 / 9	0 / 16	0 / 25
Overall*	8 / 11	0 / 19	8 / 30	2 / 10	0 / 18	2 / 28
Type 7	Antibody (-)	Antibody (+)	Total	Antibody (-)	Antibody (+)	Total
Stool Virus	(+) / N	(+) / N	(+) / N	(+) / N	(+) / N	(+) / N
Day 0	0 / 17	0 / 13	0 / 30	0 / 14	0 / 14	0 / 28
Day 7	10 / 16	6 / 13	16 / 29	0 / 14	0 / 13	0 / 27
Day 14	5 / 16	3 / 13	8 / 29	0 / 13	0 / 13	0 / 26
Day 21	0 / 16	0 / 13	0 / 29	0 / 13	0 / 13	0 / 26
Day 28	0 / 16	0 / 13	0 / 29	0 / 13	0 / 12	0 / 25
Day 56	0 / 16	0 / 13	0 / 29	0 / 13	0 / 12	0 / 25
Overall*	12 / 17	6 / 13	18 / 30	0 / 14	0 / 14	0 / 28

*Subject who tested positive at multiple time points were only counted once for overall.



Subject population



30 Vaccinated

Adv 4 (+)	Adv 7 (+)	6 (20%)
Adv 4 (-)	Adv 7 (+)	7 (23%)
Adv 4 (+)	Adv 7 (-)	13 (43%)
Adv 4 (-)	Adv 7 (-)	4 (13%)

28 Placebo

Adv 4 (+)	Adv 7 (+)	7 (25%)
Adv 4 (-)	Adv 7 (+)	7 (25%)
Adv 4 (+)	Adv 7 (-)	11 (39%)
Adv 4 (-)	Adv 7 (-)	3 (11%)



Results: Immunogenicity



Table 7.2. Cumulative Seroconversion by Treatment Group Over Time

ADV Type 4 Cumulative Seroconversion				
	VACCINE (N*=11)		PLACEBO (N*=10)	
	Converted	%	Converted	%
Day 7	0	0	0	0.0
Day 14	6	54.5	2	20.0
Day 28	8	72.7	3	30.0
Day 56	9	81.8	3	30.0
ADV Type 7 Cumulative Seroconversion				
	VACCINE (N*=17)		PLACEBO (N*=14)	
	Converted	%	Converted	%
Day 7	0	0	0	0.0
Day 14	10	58.8	0	0.0
Day 28	11	64.7	0	0.0
Day 56	12	70.6	0	0.0

* N is the total number of subjects who were type 4 or type 7 sero-negative at Day 0

72.7% [39-94] 64.7% [38-86]



Phase 1 Study Summary



- Adenovirus 4 and 7 vaccines are safe; no training day lost
- Vaccine viral shedding limited to 21-28 days
- Evidence of wild-type Adv 4 circulation during study
- Immunogenicity estimated at 40-90%



WRAIR Wyeth Vaccine Study 1998



Objective: Characterize antibody response and viral shedding from the licensed Wyeth Adv 4 and 7 vaccines

Subject population: 36 healthy 18-40 yo seronegative

Inclusion/Exclusion: Same

Schedule: 0, 3, 7, 10, 14, 21 and 28 days

Specimens: Serum, urine, throat and stool



Subject population



65 civilian/military subjects screened

Adv 4 seropositive 38% Adv 7
seropositive 51%



Results: Safety



Adverse Events	Vaccine* (N=30)	Placebo (N=28)	Wyeth (N=36)
Nasal Congestion	10 (33.3%)	16 (57.1%)	4 (11.1%)
Cough	10 (33.3%)	10 (35.7%)	8 (22.2%)
Sore throat	8 (26.7%)	8 (28.6%)	10 (27.6%)
Headache	6 (20.0%)	6 (21.4%)	-
Fever	2 (6.7%)	6 (21.4%)	6 (21.4%)
Arthralgia	4 (13.3%)	0 (0.0%)	-
Nausea	4 (13.3%)	6 (21.4%)	-
Rhinorrhea	1 (3.3%)	3 (10.7%)	-
Wheezing	1 (3.3%)	3 (10.7%)	-
Pneumonia	1 (3.3%)	3 (10.7%)	-
Sinusitis	3 (10.0%)	2 (7.1%)	-
Abdominal pain	5 (16.7%)	1 (3.6%)	-
Diarrhea	4 (13.3%)	2 (7.1%)	13 (36.1%)

* None differ significantly from placebo



Results: Day 28 Immunogenicity



Barr

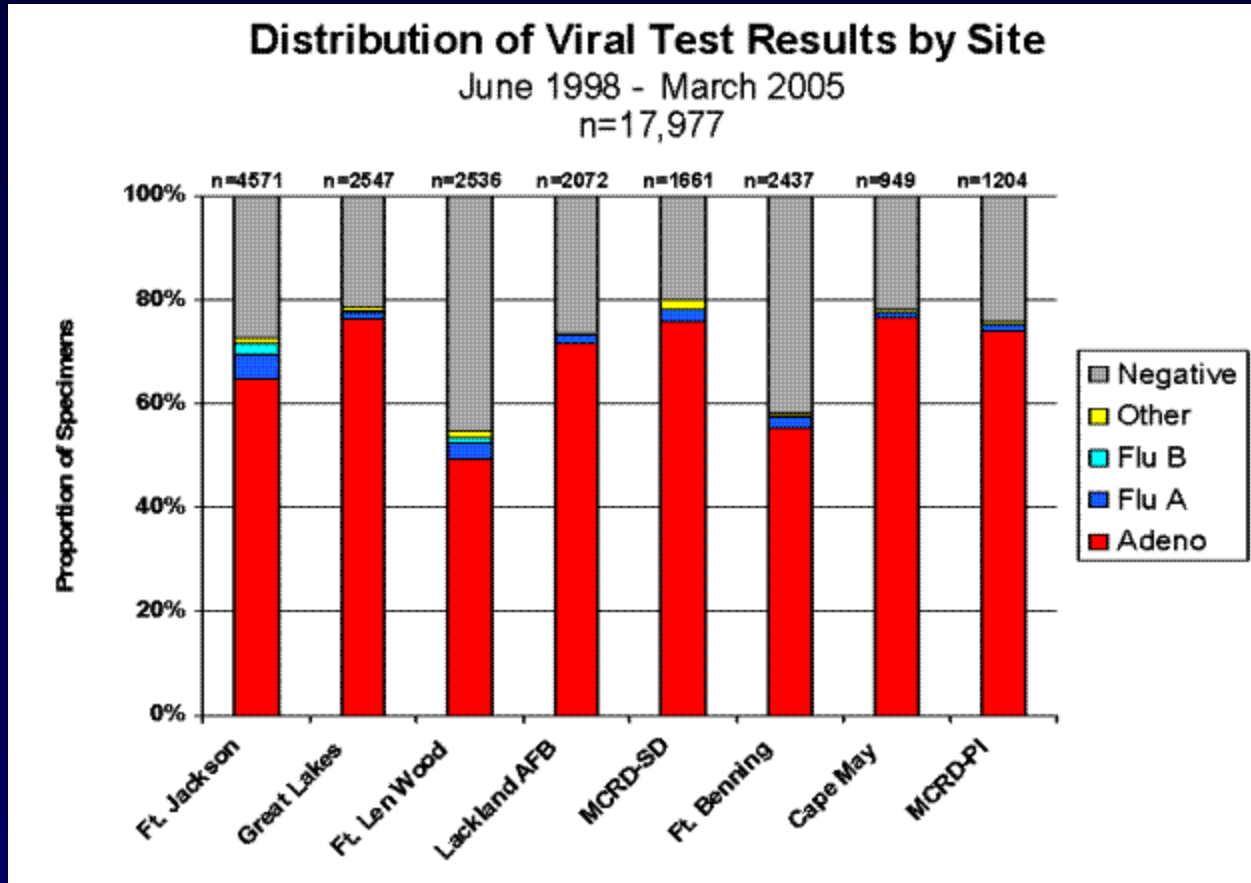
Wyeth

Adv 4	Seroconv	8/11 (72.7%)* [39,94]	22/30 (73.3%) [54,88]
	GMT	13.9	10.7
Adv 7	Seroconv	11/17 (64.7%) [38,86]	12/13 (92.3%) [64,99]
	GMT	14.7	37.1

* 30% in placebo group



Current Adenovirus Epidemiology



Data from NHRC



Clinical Development Plan Points to Consider



- Next clinical trial being planned: Safety, Dose Immunogenicity, Manufacture consistency
- Efficacy and Correlate of Protection as Endpoints
- Access to military subject population
- What efficacy is licensable?
- What efficacy is required by DoD?
- “Post-marketing” surveillance
- Regulatory (FDA) guidance



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NHRC

Kevin Russell, CDR, MC
Conway
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Charles Hoke, MD
William Howell
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232nd Med Bn AMEDD C&S

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Bruce McVeigh, LTC, MSC

VaccGen

Andy Towle, PhD
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